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PTO/SB/21 (04-04)

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number 10/828,548
		Filing Date April 19, 2004
		First Named Inventor Scheck
		Art Unit 1647
		Examiner Name Turner
Total Number of Pages in This Submission 25		Attorney Docket Number 15270J-004747US

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (1 p., submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (22 pp) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Mark G. Sandbaken	
Signature		
Date	Aug. 9, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on August 9, 2004.			
Typed or printed name	Mark G. Sandbaken		
Signature		Date	August 9, 2004

60280707 v1

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 514)

Complete if Known	
Application Number	10/828,548
Filing Date	April 19, 2004
First Named Inventor	Schenk
Examiner Name	Turner
Art Unit	1647
Attorney Docket No.	15270J-004747US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	S. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account:				Large Entity	Small Entity	Fee Description		Fee Paid
Deposit Account Number	20-1430							
Deposit Account Name	Townsend and Townsend and Crew LLP							
The Director is authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)								
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity	Small Entity	Fee Description						
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid			
1001 770	2001 385	385	1001	Utility filing fee				
1002 340	2002 170	170	1002	Design filing fee				
1003 550	2003 285	285	1003	Plant filing fee				
1004 770	2004 385	385	1004	Reissue filing fee				
1005 160	2005 80	80	1005	Provisional filing fee				
SUBTOTAL (1) (\$)								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Large Entity	Small Entity	Extra Claims	Fee from below	Fee Paid				
Total Claims		** = 19	X\$18	\$342				
Independent Claims		** = 2	X\$86	\$172				
Multiple Dependent		X		\$14				
SUBTOTAL (2) (\$)								
* or number previously paid, # greater; For Reissues, see above								
Other fee (specify) _____								
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								

SUBMITTED BY			Complete if applicable		
Name (Print/Type)	Rosemarie L. Celli	Registration No. (Attorney/Agent)	42,397	Telephone	650-326-2400
Signature	Rosemarie L. Celli		Date	August 6, 2004	

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60280700 v1

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 514)

Complete if Known

Application Number	10/828,548
Filing Date	April 19, 2004
First Name Inventor	Schenk
Examiner Name	Turner
Art Unit	1647
Attorney Docket No.	15270J-004747US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:Deposit Account Number **20-1430**Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 366	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 630	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 514)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			19	X \$16	\$342
			2	X \$86	\$172
				X	\$14

SUBTOTAL (2) (\$ 514)

* or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	180	2051	65
1052	50	2052	25
1053	180	1053	180
1812	2,520	1812	2,520
1804	820*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	860	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	390	2401	185
1402	330	2402	185
1403	200	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	685
1602	480	2502	240
1803	640	2503	320
1460	130	1460	130
1807	50	1807	50
1808	160	1808	160
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 514)**

SUBMITTED BY

Name (Print/Type)	Rosemarie L. Celi	Registration No. (Attorney/Agent)	42,97	Telephone	650-326-2400
Signature	<i>Rosemarie L. Celi</i>			Date	August 8, 2004

Complete if applicable

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-872-9306 on August 9, 2004.

PATENT
Attorney Docket No.: 15270J-004747US

TOWNSEND and TOWNSEND and CREW LLP

By: Mark G. Sandbaken
Mark G. Sandbaken

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SCHENK, Dale B.

Application No.: 10/828,548

Filed: April 19, 2004

For: PREVENTION AND TREATMENT
OF AMYLOIDOGENIC DISEASEArt Unit: 1614
Examiner: TurnerCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THIRD PRELIMINARY AMENDMENT

Sir:

This Third Preliminary Amendment is entitled to the filing date of August 7, 2004 as August 7, 2004 fell on a Saturday. Prior to examination of the above-referenced application, please enter the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks are reflected in the listing of claims which begins on page 3 of this paper.